

Name
in
Full

Andria Nickens

CERTIFICATE OF DEATH

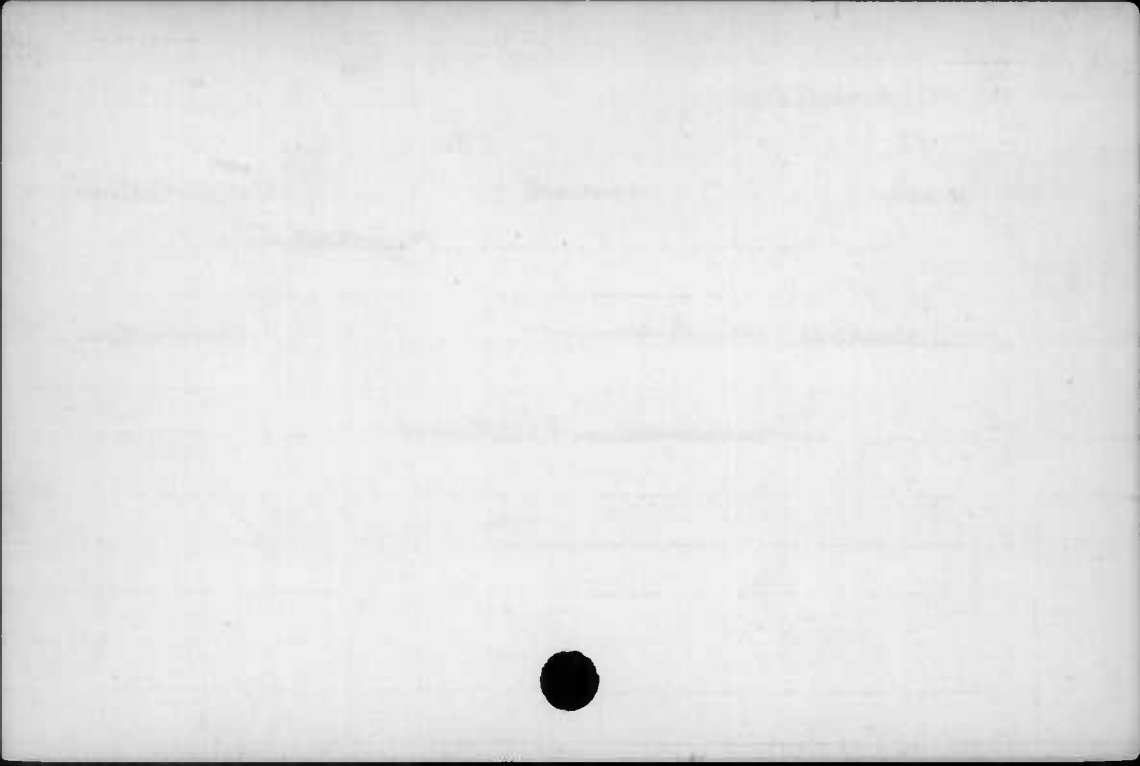
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County		MARYLAND	
Date of death <i>19 1895</i>	Month <i>0</i>	Day <i>0</i>	Age <i>40</i>	Months	Days
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>Lanidom Va.</i>		
Occupation <i>Labarer</i>		Where Residing if not at place of death <i>Hagerstown</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Andria Nickens</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
In
Full

Clarence Nickens ✓

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Hagerstown

Date

of death 1901

Month

Day

Years

Age

13

Months

Days

Sex

male

Color or
Race

colored

Birth-
place

Hagerstown

Occupation

Where Residing if not
at place of death

Hagerstown

Married, Single
or Widowed

ma

Name of Wife or
HusbandFather's
Name

Charles Nickens

Father's
Birthplace

Landersburg, VA

Mother's
Maiden NameMother's
BirthplaceName of person giving
Information

Clarence Nickens

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

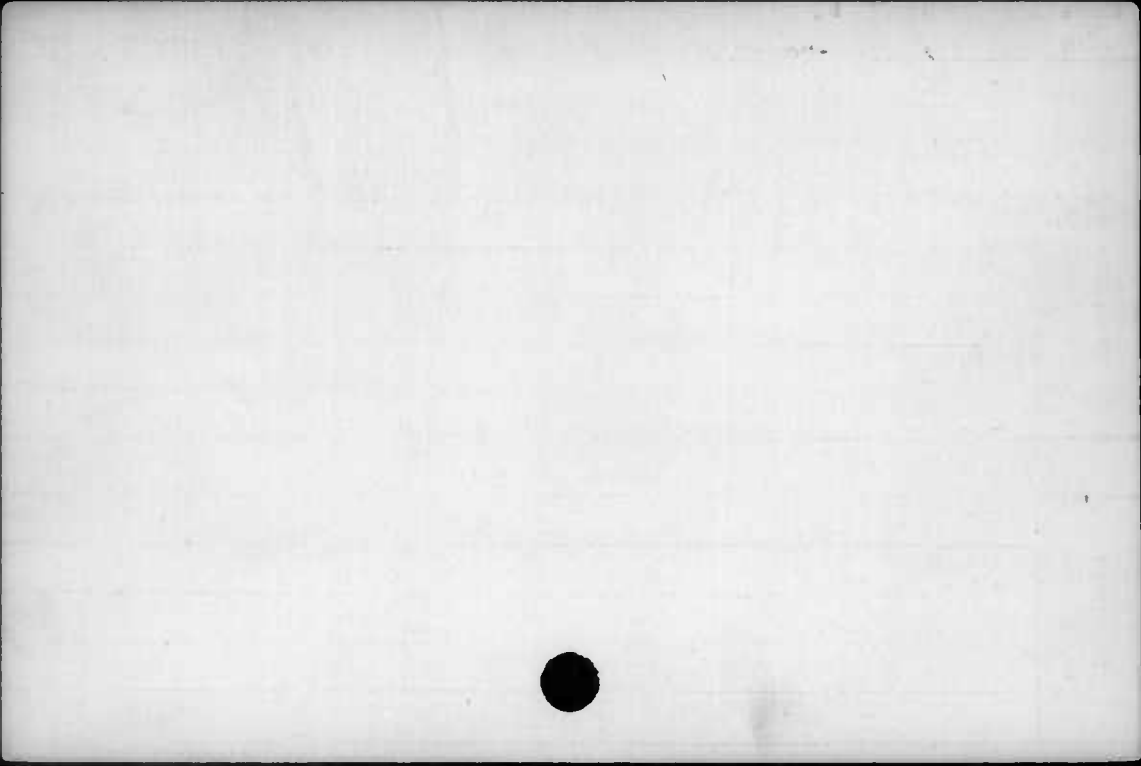
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Thomas Francis Norris,

Died at ^{Town} Oxford, ^{County} Talbot Co., MARYLAND

Date 1898, ^{Month} March ^{Day} 7th, ^{Y.} 65, ^{M.} 4, ^{D.} 11. ^{Native of} Maryland. ^{Occupation} Carvasser

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living One.

Husband of Mary Kelsey Norris

Wife of

Father's Name Thomas Norris, Mother's Name Mary C. Norris.

Cause of Death { Primary Bright's disease

Death { Immediate Heart Failure

How long sick one year

Accident, Suicide, Homicide

Reported by James A. Stevens M.D.

Address Oxford Md.



Name In Full

Certificate of Death

Died at

Date 189

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Jessy Nosek
 Town _____ County _____
 Died at *Secretary.* *Dorchester* MARYLAND
 Month *Sep* Day *5* Y. *50* M. *50* D. *50* Native of _____ Occupation *Secretary housekeep*
~~Male~~ *White* Married *Widow* Divorced *7*
 Female ~~Colored~~ Single ~~Widower~~ Number of children living *7*
 of *Jessy Nosek*
 Mother's Name _____
 Cause of Primary _____ How long sick _____
 Death Immediate *Heart* _____ Accident, Suicide, Homicide _____
 Reported by *H. H. Willoughby*
 Address _____

Witnessed by Dr. _____

Seen by Coroner _____

of _____

Name in Full

Certificate of Death

Addie F. Kittle

Town

County

Died at

Andersontown Caroline

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8 April 18 Age 43 4 14

Housewife

White

Married

Widow

Died

Female

Single

Single

Widower

Number of children living

5

Husband

of

L. M. B. Kittle

Wife

Father's

Name

Eli W. Williamson

Mother's

Name

Cause of

Primary

Albuminuria

97

How long sick

4 months

Death

Immediate

Uremia

Autopsy

Reported by

Jas. H. Ward, M.D.

Address

Andersontown Caroline Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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